



Guidelines Sub-committee Terms of Reference

1. Context

Stem cell transplantation and cellular immunotherapies deal with complex therapeutic strategies, associated with many and varied complications over the life of a patient.

In the past, treatment has often been *ad hoc* or led by expert opinion. More recently, there has been a significant increase in the availability of good quality published research data in the field. There is an unmet need to standardise multidisciplinary treatment strategies, supported by careful review and evaluation of existing evidence. Previous collaborative guidelines have been produced working with the British Society for Haematology and using their methodology.

It will remain important to compliment these comprehensive, evidence based guidelines, produced by an established iterative process, with responsive guidelines that deal with rapidly evolving fields or to respond to emergency situations. BSBMTCT and NICE guidance during the pandemic remains the paradigm for these guidelines.

Finally, there is a place for responsive guidance maintained on the BSBMTCT website, which would be expert led practice and consensus, including areas where published data is scarce. This would allow guidance on many aspects of transplantation to be produced that can easily be changed accordingly as data becomes available. This guidance would have the advantage of flexibility and would be updated in 'real-time'. The vision for this area would include virtual discussions of the guidance which could draw on expertise quickly and be educational, helping to standardise practice across the UK.

2. Purpose

The most important purpose of clinical practice guidelines is to improve the quality of care provided by transplant units across the UK and standardise the processes of care delivery to improve patient outcomes. This will be done by:

- 2.1. Identifying areas of need and evaluating best-practice on matters relating to Stem cell transplantation and cellular therapy through the production of guidelines and recommendations for UK practice.
- 2.2. Promoting collaboration, partnership and cohesion in practice in BSBMTCT member centres.



- 2.3. Identifying and addressing areas of unmet need within the UK transplant and cellular immunotherapies community, where expert guidance would improve care.
- 2.4. Collaborating with the British Society of Haematology (BSH) to produce joint guidance.
- 2.5. Collaborating with international partners, including professional societies, for the benefit of BSBMTCT centres and their patients.

3. Aims

To create and distribute guidelines for the delivery of Blood and Marrow Stem cell Transplant and Advanced Cellular Therapies for the UK transplant community.

The Guidelines Sub-Committee will aim to:

- 3.1. Collaborate with other established BSBMTCT sub-committees to produce a co-ordinated strategy for guideline production.
- 3.2. Take responsibility for identifying areas of need for guidance.
- 3.3. Decide on the feasibility for individual guidelines in specific areas.
- 3.4. Decide on type of guideline required e.g. rapid, concise, BSH badged.
- 3.5. To establish properly composed writing groups ensuring wide consultation and targeted expertise. This would include multidisciplinary and patient input.
- 3.6. Work alongside the BSH regarding proposals for new guidelines, good practice papers and position papers.
- 3.7. Work with the BSH Haematological-oncology guidelines group, using their established system and infrastructure, while also drawing on recent BSBMTCT experience to produce national guidance.
- 3.8. Signpost to European and International guidance, if these guidelines are in line with current UK practice.



4. Membership and appointment

- 4.1. Membership of this Sub-committee, and access to biannual meetings will be as inclusive as possible.
- 4.2. An invitation to express an interest in membership of this subcommittee will be sent annually to all transplant centres.

5. Appointment of Chair/Vice Chair

- 5.1. Only BSBMTCT members will be eligible to be nominated and stand for election as Sub-Committee Chair.
- 5.2. The Sub-Committee Chair will be elected by the BSBMTCT membership for a term of three years.
- 5.3. Once elected the Sub-Committee Chair may hold office for a period of three years from the 1st January following their election, and may be re-elected for one further three year term, making a maximum term of six consecutive years.
- 5.4. The Chair of the Sub-Committee shall nominate a Vice Chair in the event that the Chair is unavailable. If the Chair, for whatever reason is unable to do that, then the members of the Sub-Committee may nominate a Vice Chair in the Chairs absence.

6. Meetings

- 6.1. A biannual meeting of the Sub-Committee (in-person or virtual) of 1-2 hours duration will be held as determined by the Chair.
- 6.2. There will be communication by email prior to meetings to ensure any new guideline proposals can be considered by the committee prior to the meeting and to set an agenda.
- 6.3. Notification of meeting times will be circulated to all transplant centres to allow any individual to attend to discuss ideas for new guidelines



- 6.4. Individuals with an idea for a guideline will be invited to attend after first submitting a written proposal for consideration by the guidelines sub-committee
- 6.5. Ad-hoc meetings of members may be convened at the request of the core committee.
- 6.6. If required, sub-group meetings may be arranged at a time convenient for sub-group members.
- 6.7. The conduct of the Sub-Committee and any sub-groups shall be consistent with the BSBMTCT Code of Conduct and Articles of Association.
- 6.8. Virtual meetings to agree best practice and expert opinion in evidence free areas.

7. Minutes

- 7.1. The Sub-Committee will choose a member to act as Secretary or minute taker and this may be rotated to share the administrative burden.
- 7.2. Minutes of each sub-committee meeting will be taken and circulated with 1 week of the date of each meeting.

8. Reporting mechanism

- 8.1. The Chair of the Guidelines Sub-Committee will report to the biannual BSBMTCT Executive Committee meeting.

9. Process for reviewing effectiveness

- 9.1. As a minimum of once per year, the Sub-Committee will include an agenda item to consider its overall effectiveness in the preceding year, and any changes that may further strengthen its work and outcomes.

10. Conflicts of Interest

- 10.1. Under the BSBMTCT Conflicts of Interest Policy, perceived or actual conflicts of interest must be declared using the Society's form. These will



then be added to Register of Interests for the Sub-Committee. (Policy will be provided for guidance)

- 10.2. The Register of Interests will be presented as the first item on the agenda at the start of each Sub-Committee meeting.
- 10.3. All attendees must declare if they have any conflicts of interest pertaining to agenda items for each meeting.
- 10.4. Where a conflict of interests pertaining to an agenda item exists, Sub-Committee members will withdraw from the room/not contribute/mute when meetings are virtual in nature.
- 10.5. Members of the Sub-Committee must advise the Chair and Society when their interests change to ensure the Register of Interests is updated in a timely manner.
- 10.6. The Register of Interests will be formally reviewed annually.

11. Publications

- 11.1. BSH Guidelines are published in the British Journal of Haematology.
- 11.2. Rapid Guidelines which lend themselves to 'Best Practice Papers' will be published in peer reviewed journals. The type of journal chosen will be chosen on a case by case basis.

12. Review of Terms of Reference (ToR)

- 12.1. The suitability/contents these Sub-Committee ToR will be reviewed annually.
- 12.2. Date approved by sub-committee:
- 12.3. Date approved by the Board of Trustees/Executive Committee:
- 12.4. Future date for review by Guidelines Sub-Committee:
- 12.5. Version GSCv1 06_02_2023